

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Patent Number	6,994,842 B2
Issue Date	February 7, 2006
First Named Inventor	LEE, Kang P.
Art Unit	1616
Examiner Name	Mina Haghighatian
Attorney Docket Number	022024-000200US

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: At the request of the client, Oxford BioMedica (UK) Ltd.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Aspen Aerogels, Inc.		
Address	30 Forbes Road, Building B		
City	Northborough	State MA	Zip 01532
Country	US		
Telephone	(508) 691-1111	Email	
Signature	<i>Karen Babayak Dow</i>		
Name	Karen B. Dow	Registration No.	29,684
Date	August 23, 2007	Telephone No.	858-350-6100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.